## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together v

applicable fee(s), to: Mail

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(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name) (Signature) (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/633,376      | 08/04/2003  | Michael L. Vazquez   | 101765.00142        | 5114             |

TITLE OF INVENTION: ALPHA-AND BETA-AMINO ACID HYDROXYETHYLAMINO SULFONAMIDES USEFUL AS RETROVIRAL PROTEASE INHIBITORS

|                                                                                                                                          | T                                                                                                                                                         |                                                                                                                                    | <del></del>                                                                                                                                                                                               |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
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| APPLN, TYPE                                                                                                                              | SMALL ENTITY                                                                                                                                              | ISSUE FEE                                                                                                                          | PUE                                                                                                                                                                                                       | BLICATION FEE                                                                                                                             | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                |
| nonprovisional                                                                                                                           | NO                                                                                                                                                        | \$1400                                                                                                                             |                                                                                                                                                                                                           | \$300                                                                                                                                     | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 04/19/2005                                              |
| EXAMINER ART                                                                                                                             |                                                                                                                                                           | ART UNIT                                                                                                                           | CLA                                                                                                                                                                                                       | ASS-SUBCLASS                                                                                                                              | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| LAMBKIN,                                                                                                                                 | LAMBKIN, DEBORAH C 1626                                                                                                                                   |                                                                                                                                    | :                                                                                                                                                                                                         | 514-237800                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME ANI |                                                                                                                                                           | Correspondence contains a contain form contains a contain form contains a contain form to contain form to contain form in NOT a so | 1) the names of up r agents OR, altern 2) the name of a siegistered attorney or registered patent a sted, no name will PATENT (print or will appear on the ubstitute for filing. CSIDENCE: (CITY Chicago, | ngle firm (having as or agent) and the nanttorneys or agents. If be printed.  type) e patent. If an assignan assignment.  and STATE OR CO | a member a nes of up to f no name is 3  nee is identified below, the output of the control of th | 00000067 190733 106<br>00.00 DA<br>00.00 DA<br>80.00 DA |
| a. The following fee(s) are                                                                                                              | small entity discount permitte                                                                                                                            | 4b. Pa                                                                                                                             | yment of Fee(s): A check in the amo Payment by credit                                                                                                                                                     | ount of the fee(s) is eacard. Form PTO-203                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| a. Applicant claims S                                                                                                                    | (from status indicated above<br>MALL ENTITY status. See<br>Is requested to apply the Issu<br>ublication Fee (if required) words of the United States Pate | )<br>37 CFR 1.27.                                                                                                                  | b. Applicant is no l                                                                                                                                                                                      | onger claiming SMA                                                                                                                        | LL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CFR 1.27(g)(2).                                         |
| Authorized Signature                                                                                                                     | Jul M                                                                                                                                                     | 5                                                                                                                                  |                                                                                                                                                                                                           |                                                                                                                                           | oril 19, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |

an application. Confluentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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